

Report on the Health Status of Older Adults

Pinal County, Arizona

Established by the Arizona Department of Health Services (ADHS), the Healthy Aging 2010 project focuses on issues related to health promotion and disease prevention in older adults. While the older adult population in Arizona is living longer, older adults are not necessarily living healthier lives. Chronic diseases often occurring in conjunction with emotional health problems are the most prevalent yet preventable health problem in the State. An analysis of available indicators of older adult health provides information for planning and community initiatives. The following information and data describe the current health status of adults 65 years of age and older living in Pinal County.

Population Characteristics

Table 1 presents information about the characteristics of older adults living in Pinal County, as compared to Arizona and the United States. The 2001 population figures were estimated based on the 2000 U.S. Census. Approximately 16% of the total population in Pinal County is over the age of 65, compared to 13.0% for the state and 12.4% for the United States. For all regions, the proportion of females is higher than males within the 65 and older age group.

TABLE 1: POPULATION ESTIMATES * FOR 2001

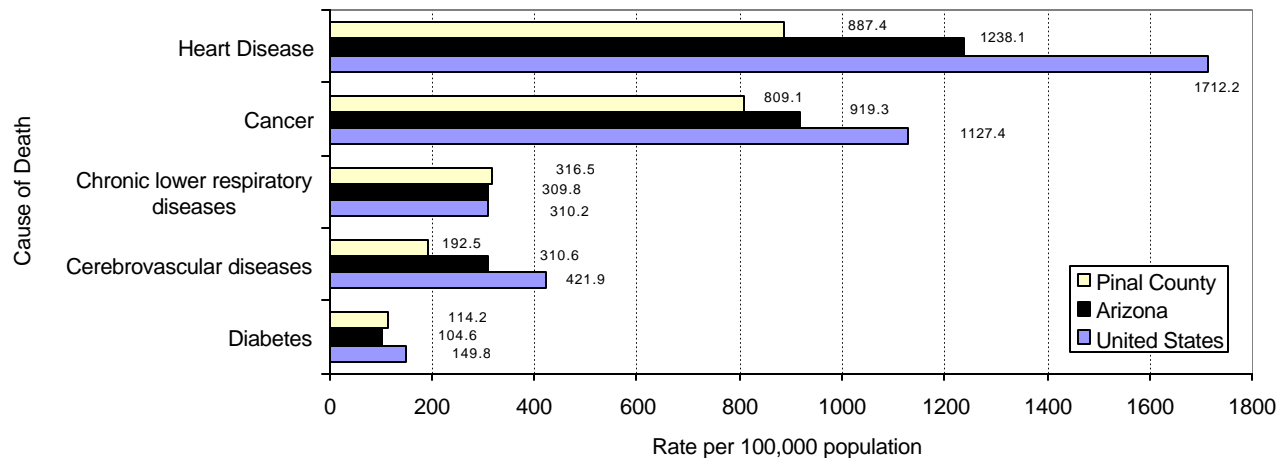
	Pinal County	Arizona	United States
Total Population	188,846	5,307,331	284,796,887
Age 65+ Population	30,651 (16.2%)	690,995 (13.0%)	35,411,395 (12.4%)
Gender, Age 65+			
Male	14,919 (48.7%)	306,535 (44.4%)	14,582,434 (41.2%)
Female	15,732 (51.3%)	384,460 (55.6%)	20,828,961 (58.8%)
Race/Ethnicity, Age 65+			
Caucasian, non-Hispanic	26,362 (86.0%)	599,209 (86.7%)	29,595,582 (83.6%)
Hispanic	3,081 (10.1%)	57,413 (8.3%)	1,754,381 (5.0%)
African American	327 (1.1%)	10,053 (1.5%)	2,856,805 (8.1%)
American Indian	656 (2.1%)	14,360 (2.1%)	140,099 (0.4%)
Asian	94 (0.3%)	6,454 (1.0%)	810,399 (2.3%)
Other	123 (0.4%)	3,506 (0.5%)	254,130 (0.7%)

*Estimates calculated based on the 2000 U.S. Census

Mortality and Hospitalizations

The five leading causes of death among adults age 65 and older in Pinal County for 2001 are shown in Figure 1. Since national death rates are not currently available for 2001; U.S. preliminary death data for the year 2000 are included in the figure for the purpose of a general comparison. Heart disease and cancer are the leading causes of death among older adults; for both categories, Pinal County reported considerably lower death rate than the state. Pinal County also reported a 38% lower death rate than Arizona due to cerebrovascular diseases. The county exceeded the state rates for deaths due to chronic lower respiratory diseases and diabetes in 2001, reporting 2% higher death rate due to chronic lower respiratory diseases and 9% higher death rate due to diabetes.

FIGURE 1: FIVE LEADING CAUSES OF DEATH AMONG ADULTS AGE 65 AND OLDER; MORTALITY RATE PER 100,000



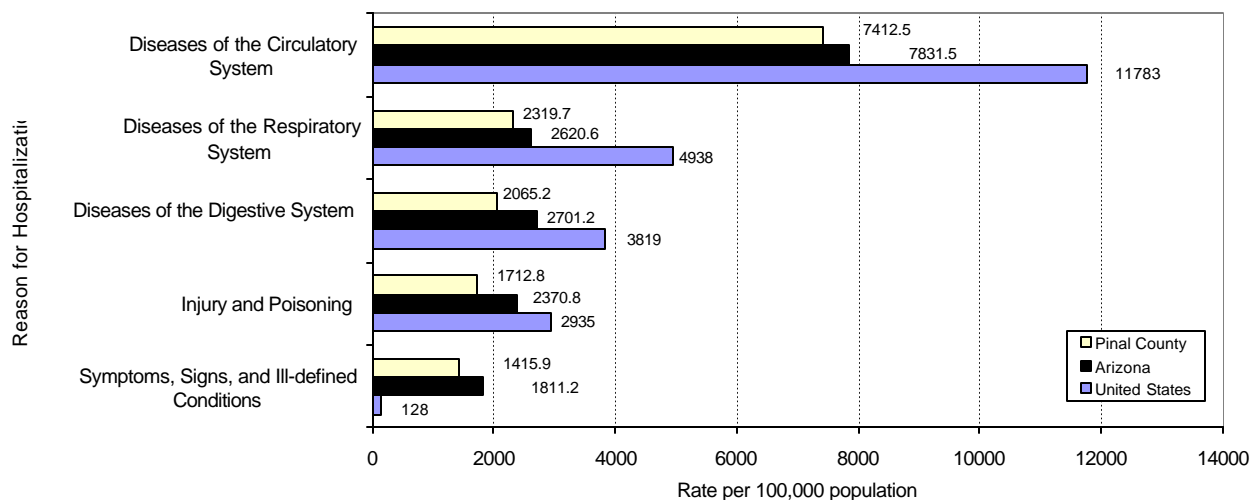
Source: Advance Vital Statistics Report. Arizona Department of Health Services: 2001.

Note: Corrections have been made to reassign reported deaths in Arizona counties originally listed as unknown.

National Vital Statistics Report, Deaths: Preliminary Data for 2000. Centers for Disease Control and Prevention: 10/2001.

Figure 2 depicts the five leading causes of hospitalizations among older adults in non-federal facilities in Pinal County, Arizona, and the United States, based on ICD9 primary diagnosis codes. While county and state data reflect hospitalizations during the year 2001, but because national hospital discharge data are not currently available for 2001, U.S. data for the year 2000 are included for the purpose of a general comparison. Federal facilities, such as Indian Health Services and Veterans Affairs hospitals, are not included within these data, and care must be given when considering hospitalizations within these populations. Also hospitalization data do not include treatment in emergency departments or outpatient facilities. Additionally, it is important to note that hospital discharge data describe the number of hospitalizations, rather than individuals; one individual may be represented multiple times within the data if that individual was hospitalized on multiple occasions within the same year.

FIGURE 2: FIVE LEADING CAUSES OF HOSPITALIZATION AMONG ADULTS AGE 65 AND OLDER; HOSPITALIZATION RATE PER 100,000



Source: 2001 Hospital Discharge Data. Arizona Department of Health Services.

Advance Data from Vital and Health Statistics, 2000 National Hospital Discharge Survey. Centers for Disease Control and Prevention: 6/2002.

The national hospitalization rate in 2000 was higher than the 2001 rates reported for both Pinal County and Arizona for all categories, excluding hospitalizations due to symptoms, signs, and ill-defined conditions, in which the national 2000 rate is considerably less than the rates reported for the county and state in 2001. Pinal County reported lower hospitalization rate than Arizona for all categories, with the largest difference in the injury and poisoning category, in which Pinal County reported 28% lower hospitalization rate than the state. In considering diseases of the circulatory, respiratory, and digestive systems individually, the leading medical condition within each category resulting in hospitalization for older adults countywide was heart disease, pneumonia, and gastroenteritis, respectively. Within the injury and poisoning category, hip fractures were the most frequently diagnosed medical condition, and falls were reported as the main cause of injury. Chest pain was the leading cause of hospitalization among 65 and older adults within the symptoms, signs, and ill-defined conditions category. The average length of stay in the hospital among older adults in Pinal County was 4.5 days, compared to 4.7 days for Arizona and 6.0 days nationally (year 2000 data). The average hospitalization cost for Pinal County seniors in 2001 was \$21,009, compared to \$21,289 for the state; national figures are not available. Cumulative data indicates that Pinal County seniors incurred total hospitalization costs equaling \$134,014,050 for the year 2001.

Risk Factors

In considering leading chronic health conditions and mortality, it is important to keep in mind the role that risk factors play in health. The Behavioral Risk Factor Surveillance Survey (BRFSS), established by the Centers for Disease Control, is a national telephone survey that polls individuals about specific high-risk behaviors, and is a useful tool in assessing the general health of the population.

Through the use of random dialing, the survey provides a representative cross-section of the national population. On a local level, however, the BRFSS is limited in its ability to represent the population, due to small sample sizes. Additionally, individuals not having a telephone within their household are excluded from participation, which in Arizona includes approximately 6% of the total population. **Thus, BRFSS data reported for the county is not representative of the county population as a whole, and caution must be used in interpreting data beyond the context of the surveyed population.** Despite their limitations, BRFSS data nonetheless provide general indicators about a community's health status. Table 2 describes demographic characteristics of the surveyed BRFSS population.

TABLE 2: CHARACTERISTICS OF RESPONDENTS ON THE BRFSS 2000, ADULTS 65+

	Pinal County	Arizona	United States
Number of respondents, ages 65+	38	624	34087
Gender			
Male	8 (21.1%)	245 (39.3%)	11913 (34.9%)
Female	30 (78.9%)	379 (60.7%)	22174 (65.1%)
Race/Ethnicity			
Caucasian, non-Hispanic	36 (94.7%)	566 (90.7%)	28915 (84.8%)
Hispanic	2 (5.3%)	45 (7.2%)	1977 (5.8%)
Black	0	5 (0.8%)	1764 (5.2%)
American Indian	0	5 (0.8%)	332 (1.0%)
Other	0	3 (0.5%)	1099 (3.2%)
Mean Age (Years)	75.9	73.8	74.0

Of the 38 older adults surveyed in Pinal County, 39.5% described their general health status as very good or excellent, compared to 41.3% for the state and 35.4% for the United States. Three surveyed adults (7.9%) in the county described their general health as poor, a slightly lower rate than those reported for the state and the United States, 8.8% and 9.6% respectively.

Being overweight or obese, poor dietary habits, little or no physical activity, and tobacco use are all associated with an increase in health problems. As shown in Table 3, according to the 2000 BRFSS, 42.1% of the surveyed older adults in Pinal County

are classified as overweight or obese by national health standards, yet only 26.3% of respondents reported current attempts at losing weight. Nearly two-thirds of the respondents in Pinal County (63.1%) reported that they did not consume the recommended 5 or more servings of fruits and vegetables a day, and 31.6% reported being physically inactive. The remaining 68.4% of respondents reported participating in a physical activity, although only 36.8% of respondents exercised at the recommended activity level of 20 minutes or more on 3 or more days per week. This is similar to the state and national reported figures of 35.9% and 37.3%, respectively. The most popular activities among older adults, as reported on the statewide 2000 BRFSS, are walking,

gardening, golf, aerobics, and bicycling. Also in 2000, 2.6% of surveyed adults in Pinal County reported that they are current daily smokers, a lower incidence than reported for the state and the nation, 7.4% and 7.9%, respectively. None of the current daily smokers reported attempts at quitting smoking, with at least 1 day of non-smoking within the past year, compared to the state and national rates of 41.3% and 40.9%, respectively.

**TABLE 3: RISK FACTORS AMONG RESPONDENTS AGE 65 AND OLDER;
BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000**

	Pinal County	Arizona	United States
Weight Group¹			
Normal weight	57.9%	46.8%	42.5%
Overweight	36.8%	35.1%	36.7%
Obese	5.3%	17.0%	16.8%
Unknown	0.0%	1.1%	4.0%
Daily Servings of Fruits and Vegetables			
Less than once a day or never	2.6%	1.4%	3.3%
1 to less than 3 times per day	15.8%	16.8%	21.9%
3 to less than 5 times per day	44.7%	38.8%	43.3%
5 or more times per day	36.8%	42.9%	31.5%
Activity level/exercise²			
Physically inactive	31.6%	37.5%	37.0%
Less than recommended activity	31.6%	26.6%	25.7%
Meets recommended activity level	36.8%	35.9%	37.3%
Smoking status			
Current smoker, smoke everyday	2.6%	7.4%	7.9%
Current smoker, smoke some days	2.6%	1.9%	2.1%
Former smoker	39.5%	41.3%	37.4%
Never smoked	52.6%	48.7%	52.1%
Don't know/refused question	2.6%	0.6%	0.5%

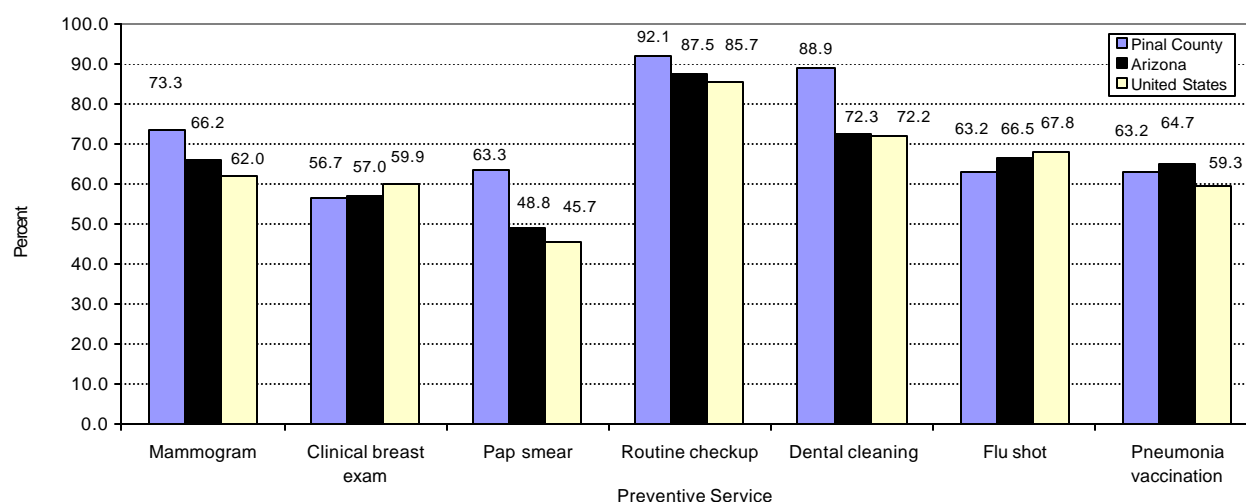
¹Based on Body Mass Index, BMI<25.0 normal weight, BMI 25.0 and < 30.0 overweight, BMI 30.0 obese

²Recommended activity is exercise 3 or more days per week for 20 minutes or more

Preventive Care

The use of preventive care services provides an effective means for maintaining or improving individual health status, and is especially important for the aging population. Yearly screenings for older adults are recommended for a number of healthcare services. Figure 3 demonstrates the use of such services among those age 65 years and older adults within the past year, as reported on the BRFSS. The percentage for pneumococcal vaccine is reported for individuals receiving the vaccine at any point in their life.

FIGURE 3: PERCENT OF INDIVIDUALS 65+ BY RECOMMENDED PREVENTIVE SERVICES USE; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



Among all survey respondents, “obtaining a yearly medical checkup” was the highest reported use of a preventive service, with a rate of 92.1% among Pinal County respondents, compared to 87.5% and 85.7% for Arizona and the United States, respectively. While yearly dental cleaning was also highly reported among all respondents, interviewees in Pinal County reported a considerably higher rate of dental preventive care, with nearly 89% of respondents reporting having a dental cleaning within the past year, compared to the 72% rate reported for the state and the nation. Similar rates were observed among all 3 regions for obtaining recommended vaccinations; Pinal County reported slightly lower rates than Arizona for both flu shots and pneumococcal vaccine in 2000, according to the BRFSS.

In the category of women’s health, 73.3% of female respondents in Pinal County reported having a mammogram in the past year, compared to 66.2% for Arizona and 62.0% for the United States. Fewer women (56.7%) reported having a breast exam performed by a health professional in the past year, a slightly lower rate than those reported statewide and nationally. While yearly Pap smears were obtained by fewer than 50% of state and national respondents, 63.3% of female survey participants in Pinal County reported having an annual Pap smear.

Mental Health and Support Services

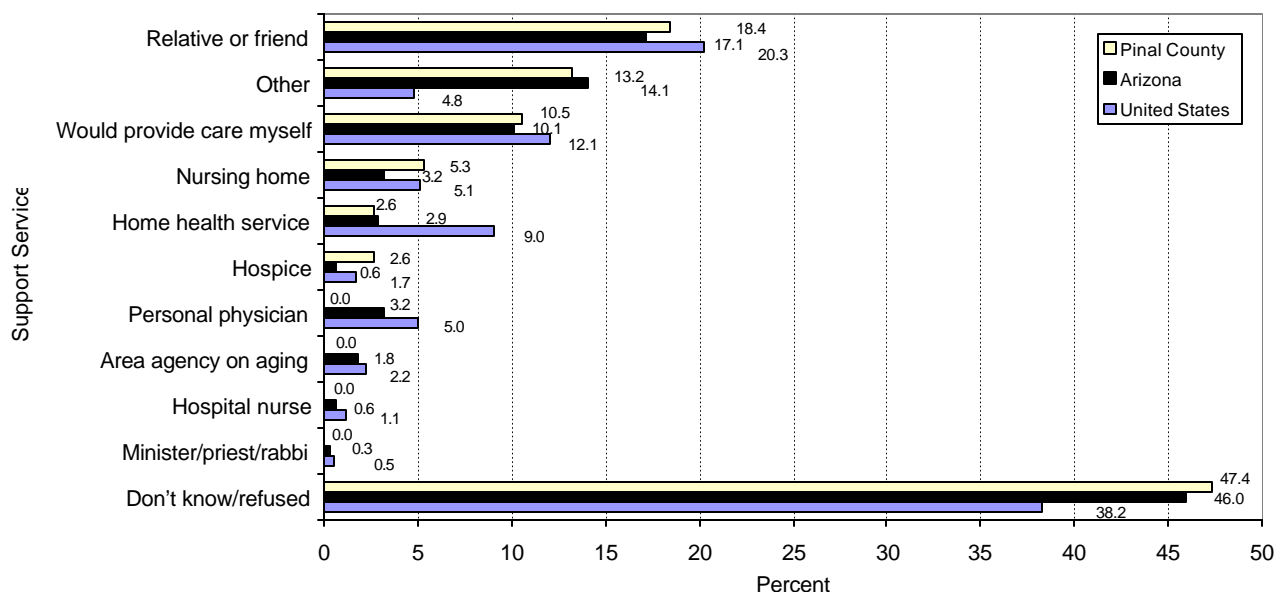
According to BRFSS 2000 data, older respondents in Pinal County reported an average of 2.1 days during the past month when their mental health was “not good”, in comparison to 1.7 days reported for Arizona and 2.1 days reported nationally. When questioned about more specific indicators of

mental health status, for example feeling depressed, anxious, or not well-rested, 21.1% of older respondents in Pinal County reported having at least 14 days of poor emotional health within the past month, compared to 23.7% of state and 22.3% of national respondents. While BRFSS data are by no means a clinical diagnosis of mental condition, 14 or more days of poor emotional health may indicate a need to seek professional attention.

Despite the proportion of older BRFSS respondents reporting poor emotional health, ADHS data indicate that only 0.5% of the population aged 60 and older received mental health treatment in 2000 through Regional Behavioral Health Authorities (RBHAs). RBHAs are community-based organizations contracted by ADHS that provide a variety of mental health services, predominately to individuals suffering from serious mental illnesses. Although these data only describe use of public mental health programs excluding treatment provided by private agencies or personal physicians, it is nonetheless clear that many older adults in Arizona are not utilizing available mental health support services.

Support services potentially serve an important function in the daily lives of older adults who are unable to care for themselves. However, as shown in Figure 4, based on the 2000 BRFSS, over 45% of county and state respondents did not know who to call for assistance in the event that an elderly friend or relative required care. Although there are public services available to the aging community, only 10.5% of the older respondents in Pinal County thought of these services as a resource for needed care.

FIGURE 4: PERCENT OF INDIVIDUALS 65+ BY PLANNED USE OF SUPPORT SERVICES; BEHAVIORAL RISK FACTOR SURVEILLANCE SURVEY, 2000



BRFSS 2000: "Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?"

Survey participants were also questioned about their own need for assistance with personal care needs (e.g. eating, bathing) or routine needs (e.g. household chores, shopping). Nine individuals responded to these questions in Pinal County. Of those, 7 people responded that they did not need help with personal care needs; the remaining 2 respondents indicated that they received necessary

care from a paid employee of home health service. Three individuals responded that they needed assistance with routine tasks; all 3 respondents reported again utilized a paid employee or home health service for assistance. Statewide and nationally, use of a paid employee or home health agency was also the most often cited public service utilized for both personal care and routine needs.

Healthy Aging 2010

Working with government agencies, non-profit organizations, and private community-based programs, the Healthy Aging 2010 plan will “connect the dots” to the many activities and programs currently available to meet the needs of older Arizonans. For communities already engaged in health-related projects, it is hoped that this report will provide updated information on older adult health in Pinal County. For communities not yet formally involved in such activities, hopefully this report will encourage interest and dialogue around initiating such projects. To learn more about the Healthy Aging 2010 plan, please contact Ramona Rusinak at (602) 542-1223 or visit the Healthy Aging 2010 website at <http://www.hs.state.az.us/phs/healthyaging2010/index.htm>.

For more information about this publication, please contact Jennifer Catero at (602) 542-1898.

Bureau of Community and Family Health Services
Arizona Department of Health Services
2927 North 35th Avenue, Suite 100
Phoenix, Arizona 85017
Phone: (602) 542-1223
Fax: (602) 542-1265
<http://www.hs.state.az.us>